

VERIFICATION AND DOCUMENTATION OF UNIVERSAL PRECAUTIONS TRAINING

Date: _____
(Date Received Training)

I, _____, acknowledge that I have received training in
(Print Name of Training Recipient)

UNIVERSAL PRECAUTIONS on the above date and that I do understand how to
protect myself using the procedures of UNIVERSAL PRECAUTIONS taught to me by
_____. The teaching methods used were
(Print Name of Trainer)

discussion plus demonstration and/or a video or film.

(Signature of Training Recipient)

(Signature of Trainer)

(Today's Date)

(Today's Date)

(Source of Trainer's Universal Precautions Training)